

## **City of Broken Arrow Application Instructions:**

Read and complete all three (3) Parts of the Application, this is a total of Nine (9) pages:

1. City of Broken Arrow Application for Employment
2. Disclosure to Employment Application
3. Consent to Release Record(s)

Print and **Sign** the Application.

There are three locations where a Signature is required.

Page 3, Page 5, and Page 9.

Mail the Signed Application to:

City of Broken Arrow  
Human Resources  
220 South First Street  
P.O. Box 610  
Broken Arrow, Oklahoma 74013



## Application for Employment

Please give concise, complete answers to all questions. All prospective employees tentatively offered a job are required to submit to and satisfactorily pass a drug screen, and depending on the position, may be required to submit and satisfactorily pass a medical examination.

Last Name:	First Name:	Middle Initial:	Social Security No:
			- -
Address (street, city, state and zip):		Home Telephone Number:	( ) -
		Work Telephone Number:	( ) -

### GENERAL INFORMATION

Position Desired: \_\_\_\_\_

How did you learn about the job for which you are applying? \_\_\_\_\_

Indicate all types of employment you are interested in:

- ☐ Full Time  
☐ Part Time (less than 40 hours per week)  
☐ Seasonal

Check if you would be available to work:

- ☐ Shift Work  
☐ Weekend Work  
☐ Holiday

Would you work overtime when requested?

Yes ☐ No ☐

If the position you are applying for requires you to work outside, are you willing to work under extreme conditions of weather, loud noise, dirt, mud, insects, dust, grass, etc.?

Yes ☐ No ☐

#### If the position you are applying for requires you to operate a motor vehicle, please answer the following questions:

Can you operate a motor vehicle? Yes ☐ No ☐

Drivers License Number: \_\_\_\_\_ Type of License: \_\_\_\_\_

State License Issued By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In the past 5 years have you had your drivers license, revoked or suspended, or have you had an application for a drivers license denied?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

In the past 5 years have you been convicted of careless or reckless driving or of operating or being in actual physical control of a motor vehicle while under the influence or impaired by alcohol or drugs (i.e. DUI, DWI, APC, etc.)?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

Have you been convicted of more than 2 moving traffic violations in the past 5 years, or have you had more than one at fault accident and 2 moving traffic violations in the past 5 years?

Yes ☐ No ☐ If yes, please explain. \_\_\_\_\_

Yes ☐ No ☐

If yes, identify when and what department. \_\_\_\_\_

Yes ☐ No ☐

If yes, identify the person and your relationship with them. \_\_\_\_\_

Yes ☐ No ☐

If yes, how old are you? \_\_\_\_\_

Yes ☐ No ☐

(Verification will be required upon initial employment and failure to furnish documentation will be cause for termination.)

Yes ☐ No ☐

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

## EDUCATION

	Name of School & Address	Last Year Completed	Did you Graduate	Degree/Course
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Trade School, etc.)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY EXPERIENCE

Were you a member of the U.S. Armed Forces? Yes ☐ No ☐ Branch

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Type of Separation or discharge \_\_\_\_\_

Briefly describe duties: \_\_\_\_\_

## COMPUTER SKILLS

Please list all computer skills (i.e. with software, specialized systems, etc.) that you possess.

Skill: \_\_\_\_\_

Proficiency:

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

☐ Low      ☐ Med      ☐ High

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer? Yes ☐ No ☐  
May we contact your previous employers? Yes ☐ No ☐  
If not, please explain why. \_\_\_\_\_  
\_\_\_\_\_

# ADDITIONAL INFORMATION

If you have any additional information or comments you feel would help us determine your suitability for this position, such as special licenses or training, please describe below.

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# READ CAREFULLY

I certify the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Broken Arrow or its agents to investigate any information included in the application and I agree to submit to a drug screen and medical examination if required. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application from. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Broken Arrow.

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

# POLICE OFFICER & JAILER APPLICANTS ONLY

Have you previously applied with the Broken Arrow Police Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when? _____	
<b>*Date of birth</b> *Oklahoma State law requires that all Police Officers participate in the Oklahoma Police Pension & Retirement System. The pension requires all applicants to be the ages of 21 and 45 at the time of admission. This information will be used to ensure compliance with that statute.	
Are you CLEET certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The job requires fluent speaking and writing in English. Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a peace officer certification revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state circumstances. _____	
Have you ever been convicted of any misdemeanor crime, including domestic violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details. _____	
Are you willing to carry and, if necessary, use a firearm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain. _____	
<u>Police Officer applicants are required to submit to a polygraph test and a psychological examination.</u>	
Are you willing to submit to a psychological examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a psychological test for a police position within the last twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details. _____	
Are you willing to submit to a polygraph examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## FIRE APPLICANTS ONLY

Please list any fire or medic related training or certifications you possess:
EMT Certification Number: _____
* A legible copy of your valid EMT Certification Card must be attached for consideration of employment.

The City of Broken Arrow does not discriminate on the basis of age, race, handicap, sex, political or religious affiliation, national origin or any other legally protected status in the admission, access, or treatment of people for employment or in its programs and activities. Any person needing an auxiliary aid in order to participate should contact the Human Resources Manager at least two days in advanced of the event so that appropriate arrangements can be made.

**THIS APPLICATION WILL REMAIN ON FILE FOR SIXTY DAYS.**

CITY OF BROKEN ARROW  
CONSUMER AUTHORIZATION AND RELEASE

In connection with **CITY OF BROKEN ARROW** considering me for employment, continued employment, promotion or reassignment, I authorize **CITY OF BROKEN ARROW** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize, without reservation, any person or entity contacted by **CITY OF BROKEN ARROW**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **CITY OF BROKEN ARROW**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

**PLEASE PRINT Requested by: 918-259-2400**

LEGAL NAME \_\_\_\_\_ DOB \* \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_ DL # \_\_\_\_\_ STATE \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18:

\_\_\_\_\_

\* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

**See Back**

**CITY OF BROKEN ARROW  
CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **CITY OF BROKEN ARROW** considering you for employment, continued employment, promotion or reassignment, **CITY OF BROKEN ARROW** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

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PRINT NAME

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DATE

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SIGNATURE

## CONSENT TO RELEASE RECORD(S)

DRIVER NAME: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information to: The City of Broken Arrow

☒ MVR Summary

\_\_\_\_\_  
(DRIVER'S SIGNATURE OF CONSENT)

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To be completed by the City of Broken Arrow:

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF RECIPIENT OF RECORD)

\_\_\_\_\_  
(ADDRESS OF RECIPIENT OF RECORD)

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NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to other specified.

----THIS FORM AND PHOTO ID REQUIRED TO OBTAIN RECORD----



## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CAR’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

**The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:**

**FOR QUESTIONS OR CONCERNS  
REGARDING:**

CRA's creditors and others not listed below

National banks federal branches/agencies of  
foreign banks (word "National" or initials "N.A."  
appear in or after bank's name)

Savings associations and federally chartered  
savings banks (word "federal" or initials "F.S.B."  
appear in federal institution's name)

Federal Reserve system member banks (except  
national banks, and federal branches/agencies  
of foreign banks)

Federal Credit Unions (words "Federal Credit  
Union" appear in institution's name)

State chartered banks that are not a member of the  
Federal Reserve System

Air-surface, or rail common carriers regulated by  
former Civil Aeronautics Board or Interstate  
Commerce Commission.

Activities subject to the Packers and Stockyards  
Act, 1921

**PLEASE CONTACT:**

**Federal Trade Commission**

Consumer Response Center – FCRA  
Washington, DC 20580  
**202-326-3761**

**Office of the Comptroller of the Currency**

Compliance Management, MailStop 6-6  
Washington, D.C. 20219  
**800-613-6743**

**Office of Thrift Supervision**

Consumer Programs  
Washington, D.C. 20552  
**800-842-6929**

**Federal Reserve Board**

Division of Consumer & Community Affairs  
Washington, D.C. 20551  
**202-452-3693**

**National Credit Union Administration**

1775 Duke Street  
Alexandria, VA 22314  
**703-518-6360**

**Federal Deposit Insurance Corporation**

Division of Compliance & Consumer Affairs  
Washington, D.C. 20429  
**800-934-FDIC**

**Department of Transportation**

Office of Financial Management  
Washington, D.C. 20590

**Department of Agriculture**

Office of Deputy Administrator – GIPSA  
Washington, D.C. 20250  
**202-720-7051**